

CHAPTER NINE – ADATSA SERVICES

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and

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and

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Washington State
Department of Social
& Health Services

Division of Alcohol and Substance Abuse

ABCs of ADATSA/Adult Service

**Division of Alcohol and Substance Abuse
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PREFACE - ACKNOWLEDGEMENTS

The **ABCs of ADATSA** - *Adult Treatment Services* has, for over ten years, been the key reference tool for the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) program. Over time, the scope of this **ABCs** has expanded, incorporating information of other related chemical dependency treatment services.

This current version of the *ABCs* reflects recent changes due to the 2002 legislative revision of RCW 74.50, the ADATSA law and the subsequent altering of Washington Administrative Code (WAC) 388-800.

For over a year, the Division of Alcohol and Substance Abuse's (DASA) *ADATSA Policy Group* (APG) has been working to plan and begin implementation of new procedures as a result of these Revised Code of Washington (RCW) and WAC changes. This of course involved this revision of the **ABCs**. The members of the APG deserve recognition for their efforts. They are: Frank DiMichel, Jim Friedman, Terrie Franklin, Fred Garcia, Sue Green, Corki Hirsch, Stan Kowalkowski, Ruth Leonard, Dennis Malmer, Rose Mary Micheli, Emilio Vela, Sue White, and Fritz Wrede.

The **ABCs** is an evolving document that thrives on reader input, questions, and suggestions for other topics. If you have any such input, please submit it in writing and mail it to Terrie Franklin, care of DASA.

We want to thank you, the reader, for continuing to provide ever-improving services to our clients. We also wish to acknowledge and thank all of you dedicated individuals who have made adult chemical dependency treatment programs such a success.

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ADATSA FORMS

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- DASA TARGET DATA ELEMENTS
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- CLIENT NOTICE AND AGREEMENT
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- ADATSA REQUEST FOR EXCEPTION TO POLICY

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A. Access to Publicly Funded Chemical Dependency Treatment Services

1. Overview

- a. The Division of Alcohol and Substance Abuse (DASA) serves indigent and low-income clients by contracting:
 - 1. With the counties and tribes to provide assessment and outpatient chemical dependency treatment services; and,
 - 2. Directly with certified treatment agencies to provide residential treatment services.
- b. Public funding for chemical dependency treatment services can only be provided through contract to a DASA certified treatment facility.
- c. In some of the smaller counties and most tribes, the county or tribal agency itself is the provider of outpatient treatment services. In other counties, the county agency contracts with state-certified treatment agencies within the county to provide the services.
- d. Every county has a designated Alcohol and Drug Coordinator who works with DASA and coordinates all services related to outpatient chemical dependency treatment and prevention activities.
- e. Outpatient services to public assistance clients are provided free of charge to the client.
- f. Outpatient services to low-income clients are provided on a sliding fee schedule.

2. Adults and Youth Medicaid-Eligible Outpatient Treatment

- a. If a Medicaid-eligible adult or youth wants to access outpatient treatment services, he/she can go directly to any of the agencies identified by the county as a provider of outpatient services for this population.
- b. Treatment services are paid as a Medicaid service using the medical card.

3. Adult - Non-Medicaid-Eligible (GAU, ADATSA) Outpatient Treatment

- a. If a General Assistance Unemployed (GAU) or the Alcohol and Drug Addiction Treatment and Support Act (ADATSA), state-funded medical assistance, individual wants to access outpatient treatment

services, he/she must go to one of the agencies identified by the county or tribe as a provider of outpatient services.

- b. Payment for the treatment services is provided through the county or tribal contracts with DASA. Payment for these treatment services is **not** provided as a medical service using the medical identification card.
- c. Treatment services are provided free of charge, but access to treatment may not be as immediate as this funding source is more limited.

4. Youth Residential Treatment

- a. The youth, or parents of the youth, wanting to obtain treatment, work directly with a county-identified youth outpatient treatment provider or a DASA contacted residential treatment provider to obtain an assessment.
- b. If a youth receiving Medicaid or state-funded medical assistance wishes to access residential treatment services, he/she must receive these services from one of the specific DASA contracted youth residential treatment providers.
- c. Youth residential treatment beds are limited. Therefore, there are often wait lists.

5. Adult Residential Treatment

- a. Adult - Medicaid-Eligible (e.g., Temporary Assistance to Needy Families [TANF], Supplemental Security Income [SSI])
 - 1. In order to access residential treatment services, these individuals go to a chemical dependency agency authorized to determine clinical eligibility for ADATSA.
 - 2. Access to residential treatment is limited based on availability of DASA funded beds and the length of the waiting list.
- b. Adult - Non-Medicaid-Eligible (GAU, ADATSA)
 - 1. If a General Assistance Unemployed (GAU) or ADATSA adult wants to access residential treatment services, he/she must go through a county or tribal ADATSA Assessing Agency to receive these services.

A. ADATSA Intent

1. The ADATSA program is to provide treatment and support services to persons incapacitated from gainful employment, due solely to alcoholism or drug addiction.
2. Applicants for general assistance, who are incapacitated solely due to alcoholism or drug addiction, are not eligible for the General Assistance-Unemployable (GAU) program.
3. The primary legislative intent of ADATSA is to direct resources to:
 - a. Focus treatment "on persons willing to commit to rehabilitation," and
 - b. Providing a program of shelter services to help meet the basic needs of indigent substance abusers currently addicted, **and** whose addiction has progressed to the point that has caused the individual to sustain significant physiological or organic damage, or cognitive impairment, which will not dissipate with sobriety or detoxification.

A. ADATSA Treatment Services

1. The ADATSA Program provides chemical dependency treatment services to alcoholics or drug addicts whose chemical dependency is severe enough to render these individuals incapable of gainful employment. (See "Eligibility" section below.)
2. ADATSA treatment services are available to eligible individuals who want and can benefit from chemical dependency treatment.
3. Treatment services consist of residential and/or outpatient services.
4. The Assessing Agency determines an initial course of treatment based on an individual assessment of alcohol/drug involvement and treatment needs.
5. Treatment availability is subject to current demand, funding considerations, and priority populations' considerations.
6. Individuals in ADATSA outpatient treatment may receive a living stipend.

A. Application Process

1. All ADATSA applicants must initiate an application for assistance through the Community Service Office (CSO). This includes referrals from sources such as detox, the court system, treatment facilities, etc.

2. The CSO determines financial eligibility before a referral is made to the ADATSA Assessing Agency.
3. An ADATSA application is approved or denied within 45 days of the date of application.
4. Receipt of ADATSA benefits is contingent upon participation in treatment.

A. ASAM (American Society of Addictions Medicine)

1. The chemical dependency field uses the American Society of Addictions Medicine (ASAM) placement criteria in providing chemical dependency assessment and placement into treatment.
2. The Assessing Agency uses the ASAM criteria in determining initial placement.
3. Availability of ADATSA funded treatment modalities are not always in agreement with ASAM levels of care. Therefore, placement may need to be modified to the best fit.
4. In many cases, the use of ASAM criteria may result in patients spending less time than a particular modality's traditional length of stay.

A. ADATSA Assessing Agency

Assessing Agency (Definition): A county or tribal designated agency that conducts diagnostic evaluations and determines categorical eligibility for ADATSA.

Assessment Agency Staff:

1. Conduct a diagnostic assessment for chemical dependency, including evaluation of unemployability based on alcoholism/drug addiction.
2. Determines "active addiction" (See "Assistance" section below) for both ADATSA treatment and the ADATSA shelter programs.
3. Make initial ADATSA treatment placement according to ASAM placement criteria.
4. Communicates with the CSO in a timely manner regarding changes in treatment plan, including no shows and discharges.

A. Assessment

1. The purpose of the ADATSA assessment is twofold, first providing a diagnostic evaluation of chemical dependency according to ASAM placement criteria; and second to determine eligibility, which is based on how the chemical dependency affects employability. This includes:
 - a. A diagnosis of whether the individual is chemically dependent;
 - b. A determination of eligibility for ADATSA treatment services (see "Eligibility" Section below).
 - c. Development of an initial treatment plan for individuals found ADATSA eligible.
 - d. Identify other treatment possibilities based on clinical findings for those found ineligible for ADATSA treatment services.
2. Placement
 - a. If the client is approved for ADATSA treatment, the assessing agency arranges an appropriate initial placement.
 - b. ADATSA Assessing Agencies shall use the ADATSA/Adult bed utilization resource to locate available residential beds for patients needing referrals for residential treatment.
 - c. If ADATSA treatment is not readily available, the Assessing Agency puts the client on a waiting list according to the following priorities for treatment:
 - (1) Pregnant women
 - (2) Parents in a household with children
 - (3) Intravenous Drug Users (IDUs)
 - (4) Child Protective Services (CPS) Referrals
 - (5) Other
3. Assessment Summary
 - a. The Assessing Agency notifies the CSO of the outcome of the assessment, using either the:
DSHS 14-311(X), *Assessment Agency Summary for ADATSA* form or the DSHS 14-311A(X), *Assessment Agency Summary for TANF* form.

- b. The "Summary" includes diagnostic information, ADATSA treatment plan or other treatment recommendations, as well as other information to assist the CSO in determining ADATSA or GAU eligibility.
 - c. When an individual is reassessed, the Assessing Agency uses a new Summary form or updates the previous form to notify the CSO of the new assessment information.
- 4. The Assessing Agency completes the DSHS 14-310(X), *ADATSA and TANF Client Status Change Report* with the treatment plan for ADATSA and TANF eligible individuals and forwards this form to the CSO with the DSHS 14-311(X) or 14-311A(X).

B. Basic Health Plan

- 1. The Basic Health Plan is a state-funded health plan for low-income individuals.
- 2. The Basic Health Plan includes a benefit for chemical dependency treatment services.
- 3. Individuals on this Plan are not eligible for ADATSA chemical dependency treatment services. The only exception is if an individual has exhausted the chemical dependency treatment benefit under the Basic Health Plan.

B. Benefits For ADATSA Clients

- 1. ADATSA *treatment* benefits consist of:
 - a. State-funded medical.
 - b. A living stipend while in outpatient treatment.

NOTE: ADATSA financial benefits while in treatment are not an entitlement.

- 2. An ADATSA *shelter* client receives state-funded medical assistance and a living stipend through a protective payee (PP).

C. Case Monitoring and Tracking

- 1. The ADATSA Assessing agency:
 - a. Verifies with the CSO that there is an active ADATSA case before opening the ADATSA assessment and referring for treatment; and

- b. Monitors the ADATSA case activity concerning treatment admissions, no shows, discharges, and changes; and
 - c. Maintains accurate and timely communication with the CSO pertaining to treatment admissions, no shows, discharges, and changes using the DSHS 14-310(X), *ADATSA and TANF Client Status Change Report*. Maintains clear and accurate case records.
- 2. The current treatment provider:
 - a. Maintains accurate and timely communication with the ADATSA Assessing Agency in regards to treatment admissions, no shows, discharges, referrals for continuum of care, and any other changes; and
 - b. Maintains clear, timely, and accurate case records, including TARGET reporting; and
 - c. Notifies the CSO and the ADATSA Assessing Agency whenever an ADATSA client aborts out of treatment, is discharged, or is referred to another agency for the client's continuum of care using the DSHS 14-301(X), *ADATSA and TANF Client Status Change Report*; and
 - d. Ensures successful discharge planning, including referring the individual to the next level of necessary care.

C. Changes of Circumstances for ADATSA Outpatient Clients:

- 1. Whenever an ADATSA treatment aborts out of treatment or is discharged for any reason, including referral to another agency for the client's continuum of care, the treating agency immediately notifies the Assessing Agency using the DSHS 14-310(X), *ADATSA and TANF Client Status Change Report*.
- 2. For an individual that aborts or is disciplinarily discharged from ADATSA outpatient treatment, the agency provides a ten-day notice, informing the individual that his/her living stipend benefits will be terminated ten days from the date of the notice.
- 3. If a fair hearing is requested, continued assistance is not issued pending the hearing.

C. Childcare

- 1. The provision of childcare services allows parents to access and participate in treatment.

2. During an ADATSA assessment the Assessing Agency asks each parent about any childcare needs.
3. When necessary, the parent is helped by Assessing Agency staff in making childcare decisions and accessing childcare services.
4. The following kinds of childcare are available:
 - a. Part-time care while parent is in outpatient treatment. Care is available at selected outpatient treatment sites, in licensed community homes and centers, in the child's home or a relative's home.
 - b. Round the clock care while parent is in inpatient treatment. Care is available in licensed foster homes available through Crisis Nurseries in Seattle and Yakima.
 - c. Part-time care when child accompanies parent for inpatient treatment. Care is available at selected inpatient treatment sites.
 - 1) Therapeutic childcare in Seattle and Yakima.

C. Confidentiality

1. In order to communicate with the CSO regarding the status of ADATSA clients or recipients of any other public assistance program, the Assessment Agency must be sure a Release of Confidential Information (ROI) form has been signed by the client.
2. The CSO may send the DSHS 14-314, *Release of Confidential Information for Assessment Center and ADATSA/Adult Treatment Providers*, or a DSHS 14-012, *Consent to Exchange Confidential Information for Services Coordination*, to the Assessment Agency with the ACES letter 065-02.
3. The Assessing Agency should have the client sign or resign either ROI form to authorize communication with the CSO and other treatment ADATSA agencies.

C. Co-Occurring Disorders (COD)

Definition: An individual demonstrating psychological problems, as well as being currently addicted to alcohol or other drugs.

The Assessing Agency:

1. Places ADATSA eligible individuals, who are screened as having both mental and chemical dependency impairment, into available COD treatment.

2. May refer the individual to an intensive inpatient contracted provider that is able to work with such a client.
3. Explore other medical resources for clients who are currently too ill to participate in treatment.

D. Detox Program

1. Most counties receive direct DASA detox block grants to provide detox services in their counties.
2. The following counties do not have direct detoxification (Detox) contracts with DASA. In these counties, the detox services are provided in local hospitals and are paid through Medicaid. The CSOs in these counties will be involved in determining financial eligibility for the Detox program for individuals who are not on a public assistance program and who have been admitted to the hospitals for these services. The Detox program provides payment for detox services in the following Counties:

Columbia	Okanogan
Cowlitz	Pend Oreille
Ferry	Skamania
Garfield	Stevens
Klickitat	Wahkiakum
Lincoln	Whitman

3. For the above counties, the CSO authorizes three-day detoxification services for acute alcoholic condition or five-day detoxification services for acute drug addiction for eligible persons.

D. Drug Courts

1. Drug Courts may refer clients to an ADATSA program when they are financially eligible and when it may clinically be beneficial.
2. In order to participate in ADATSA services, Drug Court clients must be determined ADATSA eligible.
3. Only ADATSA contract agencies can deliver the ADATSA outpatient treatment services for Drug Court clients participating in ADATSA.

D. Dual Eligibility

Definition: A client qualifies for General Assistance Unemployable (GAU) and ADATSA treatment or GAU and ADATSA shelter assistance.

1. For an individual determined chemically dependent, the Assessing Agency:
 - a. Determines eligibility for the ADATSA shelter assistance program, i.e., if the client has used alcohol or drugs within 60 days of the assessment.
 - b. Determines if the client meets ADATSA treatment eligibility criteria.
 - c. Assesses if the individual is amenable to treatment.
2. When an applicant appears to be potentially eligible for ADATSA treatment, ADATSA shelter, and/or GAU, the Incapacity Specialist (IS) explains the requirements and benefits to them. This includes:
 - a. that under the GAU program, chemical dependency treatment may be required.
 - b. If a GAU individual fails to participate in treatment, he or she can be terminated from GAU assistance.
3. The IS informs GAU eligible individuals that following through on a referral to chemical dependency treatment is a condition of continued eligibility for GAU.
4. If the client is eligible for both GAU and ADATSA shelter assistance, the incapacity specialist ensures the client the right to choose the desired program.
5. The ADATSA Assessing Agency develops an ADATSA plan for an applicant eligible for ADATSA but refuses treatment. The plan and the applicant's reason for refusal to participate in treatment are sent to the CSO.
6. The ADATSA Assessing Agency refers the applicant back to the CSO as not categorically eligible if the individual is determined not chemically dependent
7. The Assessing Agency alerts the CSO to an applicant who may have physical and/or mental problems that may not have already been identified.
8. The CSO authorizes assistance for GAU, ADATSA treatment, or ADATSA shelter assistance once eligibility is established.

NOTE: The CSO cannot delay authorizing assistance under one program while awaiting the outcome of another program's eligibility determination.

E. Eligibility: ADATSA

1. To qualify for the ADATSA Treatment Program for adult chemical dependency treatment, an applicant shall:
 - a. Be financially eligible as determined by the CSO.
 - i. An individual is eligible for outpatient treatment when he/she has no income or has net income that is less than the current one-person payment standard.
 - ii. An individual is eligible for residential treatment when he/she has no income or net income below the cost of residential treatment based on the cost of residential treatment at the rates paid by DASA.
 - b. Be incapacitated by alcoholism or drug addiction as determined by an ADATSA Assessing Agency.
 - c. Be "actively addicted," meaning, being diagnosed as alcoholic and drug addicted and having used within the 90-day period immediately preceding the latest Assessing Agency evaluation, *excluding any days of incarceration*.
 - d. Be currently amenable to treatment. This is a professional determination by the Assessing Agency staff, based upon the client's past history, motivation, and other factors established during the assessment interview.
2. To qualify for the ADATSA Shelter Assistance Program an applicant shall:
 - a. Meet the same financial eligibility requirements as for GAU.
 - b. Be "actively addicted," meaning being diagnosed as alcoholic or drug addict and having used within the 60-day period immediately preceding the latest Assessing Agency evaluation.
 - c. Have resulting physiological or organic damage, or have resulting cognitive impairment not expected to dissipate with 60 days of sobriety or detoxification. **NOTE:** The diagnosis and severity of the physiological or cognitive impairment must be supported by documented medical evidence from a physician or psychologist.

E. Exceptions to Policy (ETP)

1. ETP requests relate to the Washington Administrative Code (WAC388-800).

2. Most ETP requests are completed by the assessing agency and then forwarded to the CSO.
3. Use the *ADATSA Exception to Policy Request* form, DSHS14-412 (X), to ensure documentation includes:
 - a. The client's name and case number.
 - b. Specific WAC to which the exception is requested.
 - c. Specific nature of the request.
 - d. Justification for the request. (Explain why this case is exceptional.)
 - e. Alternatives explored.
 - f. Consequences if the exception is denied.
 - g. Have there been any previous exception requests for this client?
4. The common type of ADATSA ETP request is a request for a waiver of the incapacity requirements for an applicant found chemically dependent who does not qualify for ADATSA [WAC 388-800-0055].
5. The CSO processes the request by completing a DSHS 5-10(X), "*Policy Exception Request*," and routes it to the DSHS ETP Coordinator.
6. Upon receipt of the exception to policy decision from state office, the CSO notifies both the Assessing Agency and client.

F. Fair Hearings/grievances for ADATSA Clients

1. ADATSA clients have the right to request a fair hearing to challenge any action, which affects eligibility for ADATSA treatment or shelter services.
2. An ADATSA client terminating treatment shall not be eligible for benefits beyond the month in which treatment services end.
3. The CSO shall continue benefits for an ADATSA shelter client requesting a fair hearing.
4. Clients having disagreements with their treatment provider, including living stipend issues for an ADATSA outpatient client, have the right to utilize the agency grievance process.

F. Felons and Eligibility

1. A person is not eligible for TANF and/or food assistance if convicted of a felony committed after August 21, 1996, involving possession, use, or distribution of an illegal drug, unless the person:
 - a. Was convicted only of possession or use of an illegal drug; **and**
 - b. Was not convicted of a felony for illegal drugs within three years of the latest conviction; **and**
 - c. Was assessed as chemically dependent by a program certified by the division of alcohol and substance abuse (DASA); **and**
 - d. Is taking part in or has completed a rehabilitation plan consisting of chemical dependency treatment and job services.
2. A person can be found eligible for ADATSA programs even if convicted of a felony prior to August 21, 1996.

F. First Steps

1. "First Steps" is an umbrella term for a variety of services for pregnant and post-partum women in an effort to improve access to prenatal care at the earliest possible point.
2. First Steps provides enhanced access to Title XIX medical coverage for pregnant women (there are no resource limitations, and income limits are set at 185 percent of the federal poverty level).
3. It is important that pregnant clients be encouraged to enter treatment as soon as possible.
4. The CSO plays an important role in identifying potential candidates for referral.
5. The Assessing Agency has an equally important role in placing these chemically dependent pregnant women.

F. Forms Availability (ADATSA and/or TARGET)

DSHS has moved away from maintenance of a forms warehouse. To access ADATSA/Adult and Treatment and Assessment Report Generation Tool (TARGET) forms go to the website:

<http://www.wa.gov/dshs/dshsforms/forms/eforms.html>

F. Forms

FORM NUMBER	TITLE	USE	DISTRIBUTION
DSHS 14-299 (In ACES = 065-02)	ADULT/ADATSA Assessment Referral Form	Referral from CSO to Assessment Agency	To client. Copies to Assessing Agency AND CSO records.
DSHS 14-310	ADATSA and TANF Client Status Change Report	Used by Assessment Entity to notify CSO of treatment plans.	To CSO.
DSHS 14-311	Assessment Center Summary for ADATSA	Used to report the results of the assessment and diagnostic evaluation for all but TANF referrals.	To CSO Incapacity Specialist.
DSHS 14-311A	Assessment Center Summary for TANF	Used to report the results of the assessment and diagnostic evaluation for TANF referrals.	To CSO Incapacity Specialist or WorkFirst case manager.
DSHS 14-312	Discontinued		
DSHS 14-313	ADATSA Client Notice and Agreement	Used by Assessing Agency in client interview to explain treatment rights and responsibilities.	To client, copy filed in Assessing Agency record. Available to CSO upon request.
DSHS 14-314	ADATSA/ADULT Release of Confidential Information	Used by CSO, Assessing Agency, and treatment providers to authorize an exchange of information with agencies or individuals.	Original to client, copies to referral entity (i.e., Assessing Agency, treatment agency, CSO)
DSHS 14-012	Consent to Exchange Confidential Information for Services Coordination	Used by CSO, Assessing Agency, and treatment providers to authorize an exchange of information with agencies or individuals.	Original to client, copies to referral entity (i.e., Assessment Agency, treatment agency, CSO)

FORM NUMBER	TITLE	USE	DISTRIBUTION
DSHS 04-416 (pages 1-6 only)	DASA TARGET Data Elements	By Assessing Agency to establish a client record in TARGET for each assessment.	To data input operator.
DSHS 04-416A	DASA TARGET Discharge/ADATS A Closure	By Assessing Agencyfor closure.	To data input operator.
DSHS 04-421	Discontinued	Replaced by DSHS 04- 433 series, see below.	
DSHS 04-412	ADATSA Request For Exception to Policy	Used by Assessing Agency to request an exception to an ADATSA policy.	Original to CSO, copy to client record.
DSHS 04-433 DSHS 04-433A DSHS 04-433B	ADULT/ADATSA Assessment	ASAM clinical evaluation on client's chemical dependency.	Original to Assessing Agency's client record.

G. Gainful Employment (Definition) and ADATSA Eligibility

1. For the purposes of ADATSA eligibility determination, gainful employment is defined as the capacity to perform, in a regular and predictable manner, an activity usually done for pay or profit, or volunteer work, which could be done for pay or profit.
2. Gainful employment does not include work done:
 - a. In a sheltered workshop or with other special considerations or arrangements made specifically to help an individual overcome his or her impairments.
 - b. Work done sporadically or part-time, if this person is unable to compete with unimpaired workers in the same job due to his or her incapacitating condition.
3. Individuals gainfully employed at the time of assessment for ADATSA services are ineligible for ADATSA.
4. Individuals participating in ADATSA outpatient may remain eligible if they become gainfully employed (see Outpatient Treatment Section).

G. GAU

General Assistance for Unemployable, GAU, is the public assistance program for adults who have a short-term incapacity due to psychological and/or physical conditions. This program excludes individuals with chemical dependency as their only impairment.

G. GAX

1. The GAX program is limited to recipients of GAU or ADATSA shelter assistance.
2. The purpose of GAX program is to obtain Title XIX medical assistance for state-funded-only medical clients, e.g. GAU, who appear to meet SSI criteria for Social Security Administration (SSA).
3. Clients eligible for the GAX program are not placed on ADATSA. If they need residential treatment, they are considered a Secondary ADATSA Client (see Secondary ADATSA Clients).
4. The determination of eligibility for GAX is made by CSO staff based on the review of a physician's or psychological report and is made prior to a final decision by Social Security Administration (SSA).

H. Help for ADATSA

1. For TARGET questions, including ADATSA in TARGET, call the TARGET help desk at 1-888-461-8898.
2. Treatment providers and assessing agencies may contact their Regional Treatment Manager, Regional Administrator, or Adult Services Lead at DASA in Lacey.
3. CSO Staff contact Community Service Division (CSD) ADATSA Coordinators or CSD Regional Administrator.

I. Incapacity Specialist (IS) at the CSO

1. Screens and refers new applicants as appropriate for ADATSA assessment.
2. Responsible for ADATSA case coordination, including between financial services and the ADATSA treatment provider.
3. Arranges for a protective payee for shelter-eligible recipients.

I. Interpreter Services

1. It is DSHS policy to provide equal and expedient services to all individuals regardless of language or sensory limitations. The CSO informs the Assessing Agency that the client needs interpreter services.
2. To access interpreter services for the assessment the assessing agency contacts the DASA Interpreter Services Coordinator, (360) 438-8209, to request approval for the services.
3. When approval is received, the assessing agency contacts the appropriate interpreter broker in their region to set up the appointment for the services.

K. Keys to Making These Systems Work!!

The three key elements to making ADATSA/adult an effective treatment and support program are:

1. Cooperation.
2. Coordination.
3. Communication.

To ensure client success all agencies, including CSOs, must maintain ongoing communication, cooperation, and coordination.

L. Living Allowance, ADATSA Treatment

1. The ADATSA Program provides for a living allowance (stipend) for housing and other living expenses for clients in the ADATSA Program who are receiving outpatient treatment services. The outpatient provider acts as the protective payee for the client. Each county administers the living stipend directly to the individual's protective payee.
2. The agency providing the ADATSA outpatient service is responsible for providing the living allowance to the outpatient client, regardless of county or tribe of origin.
3. The living allowance is not considered an entitlement and there is not a specific amount that a client may receive each month. The maximum a client can receive in any month is \$339.

M. Medical Assistance

State-funded medical assistance is available to an eligible ADATSA client who is:

1. On a waiting list for ADATSA treatment services.
2. Eligible for shelter assistance, but declines to receive shelter services.
3. Choosing opiate substitution (methadone maintenance) chemical dependency treatment services instead of ADATSA treatment, as long as the client remains in a state-approved opiate substitution /methadone maintenance program.
4. Participating in ADATSA outpatient treatment.
5. Participating in residential treatment.

M. Methadone Maintenance (Opiate Substitution) Outpatient Treatment

1. ADATSA eligible clients wanting to access (or remain on) an opiate substitution treatment program (methadone) shall qualify only for state-funded medical under ADATSA (if otherwise eligible), unless they meet the current qualifications for shelter services as determined by the incapacity specialist.
2. Those who wish to detoxify from the opiate substitution services will be offered drug treatment by the Assessing Agency.
3. An ADATSA medical-only client who continues to participate in opiate substitution services is to be reviewed every six months by the CSO and an Assessing Agency.

4. Opiate substitution treatment services consist of dosage and outpatient treatment services.
5. According to state law, opiate substitution outpatient treatment services is an optional, not a mandated service.
6. DASA contracts with counties and tribes who may opt to provide these services per the law.
7. Payment for these services for SSI, Temporary Assistance for Needy Families (TANF), and any other Title XIX clients is made through the Medical Assistance Administration (MAA) payment system (MMIS).
8. Payment for these services for medical care services (state-funded only) clients, i.e., GAU and ADATSA is through the county contract, not MAA.
9. Providers of opiate substitution treatment services have capacity limitations, which often results in separate waiting lists for these two different client categories.
10. Providers often request clients to show their medical identification (ID) cards in order to distinguish between the two client categories.

N. Non-Cooperation/Discharges

1. Policies, which apply to treatment discharges and dropouts, are:
 - a. When a client drops out or is discharged from treatment, the treatment provider must immediately notify the CSO (and the Assessing Agency), using the DSHS 14-310(X), *ADATSA and TANF Client Status Change Report* [**NOTE:** Successful treatment completion is our objective, therefore, whenever possible the Treatment Provider must be willing to work with the client to transfer him/her to a higher or lower level of care.]
 - b. The client is subject to termination with ten days notice, as all benefits for treatment recipients are contingent upon current participation in treatment.
 - c. If the client requests a fair hearing, no continued assistance benefits will be issued, although benefits through the advance notice period are available.
 - d. A client absent from residential treatment for less than 24 hours may be readmitted without being required to apply for re-admittance through the CSO.
2. If the client has issues, the agency's grievance procedure is followed.

O. Outpatient Treatment for ADATSA

1. Outpatient treatment is a highly structured chemical dependency treatment program in a non-residential setting.
2. Recipients transitioning to outpatient treatment from residential treatment receive services focusing on sobriety maintenance and vocational support.
3. Individuals participating in ADATSA outpatient treatment may continue to be considered incapacitated for purposes of ADATSA eligibility, even if they become gainfully employed.

NOTE: As long as their income does not exceed the financial eligibility payment standard after allowing the earned income disregards and exemptions, they remain eligible for assistance through completion of treatment.

5. The county or tribe providing the ADATSA outpatient service is financially responsible from their budget, for the cost of providing the outpatient services, regardless of county or tribe of origin.
6. Individuals on other forms of public assistance (i.e., TANF, SSI, GAU) are not eligible to receive ADATSA outpatient services.

P. Participation

1. Definition: The income that an ADATSA client contributes toward the cost of care while in a residential treatment facility.
2. As of May 1, 2000, participation is not required of a client receiving services in any DASA-contracted adult residential chemical dependency treatment program.

P. Physical Exams

1. DASA pays for physical exams and limited lab work at the time the client initially enters residential treatment, when the client meets the following criteria.
2. Payment is limited to **ONLY** the following situations:
 - a. A client showing current intravenous drug use.
 - b. A client showing current dependency of barbiturates or benzodiazepines
3. This service may only be authorized once per client episode (meaning all connected consecutive treatment admissions).

4. Payment is made for actual exam and lab costs, not to exceed stated amounts.
5. The treatment agency authorizes appropriate physical exams and lab work and authorizes payment.
6. The treatment agency arranges for the medical evaluations and then pays the vendor.
7. The treatment agency sends an A-19 billing form, with the Referral and Payment Form and medical documentation from the medical provider, to DASA.

P. Pioneer Center North (PCN) and Pioneer Center East (PCE)

1. Pioneer Center North (PCN) and Pioneer Center East (PCE) are private, nonprofit chemical dependency treatment facilities, under contract with the Division of Alcohol and Substance Abuse, located in Sedro Woolley and Spokane, Washington.
2. PCN/PCE provides treatment for involuntarily committed (ITA) individuals.
3. Residents at PCN/PCE may receive ADATSA medical assistance plus CPI* if the CSO determines them to be financially eligible.
5. The resident CSO takes responsibility for opening CPI* and medical for an individual already receiving food stamp assistance.
6. A resident of PCN/PCE, not currently receiving assistance, and who wishes to receive CPI* and medical assistance, must apply for ADATSA at the Mt. Vernon or Spokane CSO.
7. If financially eligible, the Mt. Vernon or Spokane offices waive the ADATSA requirement for an assessment, and place the individual temporarily on the ADATSA treatment program.
8. If the Mt. Vernon or Spokane CSO have the open financial record, upon completion of the client's stay at PCN/PCE, the Mt. Vernon or North Spokane CSO will transfer the record to the CSO of the client's residence, even if the client continues in treatment.

[NOTE: This is the only exception to the NO TRANSFER of ADATSA clients rule.]

***CPI will be discontinued effective 8/1/2003.**

P. Pregnant and Post-Partum/Parenting Program

1. Definitions
 - a. A program of care designed for pregnant, post-partum, and parenting women.
 - b. Financial eligibility is defined as 185 percent of the federal poverty level (FPL) regardless of Medicaid eligibility.
 - c. Post-partum is defined as up to one-year post delivery, regardless of outcome, or termination of pregnancy.
 - d. Parenting is defined as a woman with children 17 years of age or younger who are in her physical custody. Youth through the age of 20 if enrolled in school are considered dependents. Parenting also includes those attempting to regain custody of their children who are in DSHS custody.
2. Assessing Agency Responsibilities:
 - a. Pregnant women shall be assessed within 48 hours of referral and placed into treatment no later than 7 days post assessment.
 - b. Post-partum and parenting women shall receive a "Priority Client Assessment" and referral to an appropriate level of care.
 - c. Assessment shall use the patient placement criteria as developed by the American Society of Addiction Medicine (ASAM).
 - d. Assessment services may be accessed prior to placement or within 72 hours of acceptance into a treatment program. Pre-placement assessment is preferable, however, the ability to access treatment on demand is the highest consideration. In the event a placement occurring prior to assessment is considered inappropriate, the Assessment Entity shall consult the client, the treatment program, and the program manager for pregnant, post-partum, parenting women's program for resolution.
 - e. Referral of pregnant women to First Steps Maternity Case Management. (See *First Steps* section above.)
 - f. Referral to the CSO for financial and medical eligibility determination.
 - g. Treatment monitoring and continuing care planning in conjunction with the treatment provider for residential and outpatient services.

- h. Reporting on TARGET.
- 3. Special Populations
 - a. Pregnant women using heroin, methadone, or other opiates shall be referred to an approved opiate substitution treatment facility or an intensive hospital based program.
 - b. Adolescent assessments are specialized and as such, shall be referred to experienced youth treatment providers. Outpatient providers treat ages 10 through 21. Inpatient providers treat ages 13 through 17. Developmental age may need to be considered in addition to chronological age.
 - c. First Steps Maternity Case Management Services include referral to substance abuse treatment, prenatal and post-partum medical care, maternity support services, safe housing, food, transportation, child care, dental, and family planning. This is a Medicaid service, which provides uninterrupted insurance coverage through 60 days after delivery when income is at or below 185 percent of the Federal Poverty Level.

P. Primary ADATSA Clients/Patients

- 1. Clients who are categorically and financially eligible and placed on the ADATSA Program are primary ADATSA clients.
 - a. These are individuals who are placed on the ADATSA program and have their treatment services (outpatient and/or residential) paid through ADATSA funding. They are not eligible for other forms of public assistance programs.
 - b. These clients are eligible for ADATSA treatment, shelter, and/or medical.
- 2. Individuals on other forms of public assistance programs (i.e. TANF, SSI, GAU, GAX, and Medicaid) are not primary ADATSA clients as they are not on the ADATSA program.
 - a. The ADATSA Program is not their primary source of financial funding for living expenses or chemical dependency treatment services.
 - b. This includes the client who is eligible for the ADATSA program only while he/she is in residential treatment as the client's income does not meet financial eligibility criteria if the client is in outpatient treatment (the client's net income exceeds the one-person payment standard but is less than the cost of residential treatment).

P. Protective Payees (ADATSA Outpatient)

1. The outpatient provider is the protective payee for ADATSA outpatient clients.
2. The outpatient provider as the protective payee who has the authority and responsibility to make decisions about the expenditure of outpatient treatment living stipend funds.
3. Disbursement of funds shall be made first to assure the basic needs of shelter, utilities, food, clothing, and personal incidentals are met.
4. The protective payee may apportion remaining funds to the recipient at regular intervals throughout the month
5. The protective payee for a recipient in outpatient treatment shall encourage the recipient to participate in the decision-making process as a means of developing good money management, budgeting, and decision-making skills.
6. In the event the recipient and/or protective payee relationship is terminated for any reason, the protective payee shall return any remaining funds to the county or tribe after paying the individuals current month's living expenses:
 - a. First disburse a payment for shelter and utilities, such as a check directly to the landlord, Mortgage Company, utility company, etc.
 - b. Pay all vendors directly for goods or services provided to or for the recipient, including personal and incidental expenses.
 - c. Make exceptions only where unusual circumstances prevent direct payment and the recipient is unlikely to divert the money to purchasing alcohol or drugs.

R. Residential Treatment

1. A residential program consists of education, individual therapy, group therapy, and activities related to detoxified alcoholics and drug addicts who are in a live-in arrangement. DASA contracts directly with residential providers.
2. ADATSA is the primary source of funding for residential chemical dependency treatment.

R. RSVP Responsibility

1. Vendor payments to pay for ADATSA residential treatment are authorized through using the Residential Services Vendor Payment (RSVP) system.
2. The ADATSA Assessing Agency must enter the assessment data into TARGET to document the ADATSA eligibility of the client before the residential provider can enter data into TARGET that will generate a payment document.
3. RSVP generates invoices for the residential treatment provider based on data entered into TARGET.
4. In order to receive payment for services, each residential treatment provider must have TARGET data for previous month entered into TARGET no later than the tenth of the month.

S. Shelter Program

1. The ADATSA shelter program is a CSO administered program.
2. Shelter clients are "entitled" to receive shelter services as long as they remain financially and categorically eligible and comply with basic reporting requirements.
3. The Incapacity Specialist arranges for protective payee (PP) services and notifies financial at the time ADATSA Shelter is approved.
4. Shelter cases are reviewed for financial eligibility at least every six months.

S. Secondary ADATSA Clients

1. Secondary ADATSA clients are those who receive assistance from other forms of public assistance programs (i.e., TANF, SSI, GAU, GAX, Medicaid) whose only source of funding for their residential treatment services is through the ADATSA program-
2. These are individuals who are eligible to receive residential chemical dependency treatment services but cannot be placed on the ADATSA program as they receive another form of non-ADATSA public assistance.
3. When a recipient of a public assistance program is being referred to an Assessing Agency to receive residential chemical dependency treatment services, the CSO notifies the Assessing Agency using the DSHS 14-299, *ADATSA/Adult Assessment Referral form* that the client is a secondary ADATSA case.

4. CSO staff complete the DSHS 14-299 indicating the client is a recipient of TANF, SSI, GAX, GAU or Title XIX eligible notifies the Assessing Agency that the individual is a secondary ADATSA client.
5. Often an individual referred to the Assessing Agency may also be pending a GAU determination. (See Dual Eligibility Section).

T. TARGET

1. TARGET is the management information system used by the Division of Alcohol and Substance Abuse.
2. All publicly funded chemical dependency treatment agencies are responsible for timely, no later than the tenth calendar day of each month for the previous month's data, input into TARGET of admissions, services, demographics, and discharge data.
3. Assessing Agency should enter all ADATSA assessments within three (3) working days of the date of the assessment.
4. Admissions and discharges to be entered within five (5) days of the event.

T. Transfers of ADATSA Treatment Case Records

CSOs DO NOT TRANSFER ADATSA treatment client case record.

1. The originating office's face-to-face interview requirement for the client may be waived when necessary.
2. The originating CSO may certify and maintain food stamps as well.

[NOTE: The only exception to this rule is for client transfers from the Mt. Vernon or North Spokane CSO for individuals who have been at Pioneer Center North or Pioneer Center East respectively.]

T. Transportation

1. The Assessing Agency arranges with the county or tribe a means for providing transportation for ADATSA eligible individuals to and from a residential facility when a county line is crossed.
2. The local transportation broker will accept medical coupons for pregnant women transporting to or from hospital based chemical dependency treatment.

U. Unemployability and ADATSA Eligibility

1. To be considered eligible for ADATSA services, an individual cannot be gainfully employed within the last thirty days prior to assessment.
2. The Assessing Agency is responsible to determine unemployability, when the CSO cannot clearly make such a determination (e.g., a client may have only sporadic work history).

V. Veteran's Administration (VA) Treatment

1. Clients who are in a VA facility for residential treatment are ineligible for ADATSA services because all their needs are met by the (federal) facility.
2. At times, however, VA will place veterans in a non-VA facility, which VA pays by contract for treatment services.
3. Those veterans placed in non-VA facilities may apply for ADATSA services to obtain CPI and medical coupons. **(CPI will be discontinued effective 8/1/2003.)**
4. The incapacity specialist refers the individual to the Assessment Entity with a clear explanation of the above circumstances.
5. With approval from the Assessing Agency, the individual may be opened as an ADATSA treatment client with CPI and medical coverage while in the facility.
6. Do not continue such clients into outpatient treatment unless actually placed into an ADATSA-funded outpatient treatment program. (VA "aftercare" does not qualify an individual for continued ADATSA support.)

W. WorkFirst/TANF (Temporary Assistance for Needy Families)

1. WorkFirst (TANF) is Washington's public assistance program providing cash benefits and services for low-income families with children.
2. Whenever CSO staff perceives there is a potential chemical dependency issue with a TANF household member, they can refer the individual either directly to the Assessing Agency or to the out-stationed TANF chemical dependency counselor.
3. Every mandatory WorkFirst participant is required to have an Individual Responsibility Plan (IRP), which outlines the steps necessary to move the client from welfare to employment.

4. A WorkFirst Case Manager includes chemical dependency treatment as a requirement of the IRP when:
 - a. A client is assessed by a designated Assessing Agency as chemically dependent and unable to work due to the untreated chemical dependency;
 - b. A client is participating in treatment when the IRP is being developed, and treatment may interfere with full participation in job search; and/or,
 - c. A client would benefit from treatment and treatment is determined to be integral to the success of the client becoming self-sufficient.
5. If a TANF client accesses treatment directly, the client will need to discuss their participation in treatment directly with their WorkFirst Case Manager to find out how treatment will affect the work requirement.

ADATSA LIVING STIPEND MANAGEMENT

I. Historical Perspective

When ADATSA was created in 1987, its main goal was to provide treatment and rehabilitation services for indigent chemically dependent adults whose chemical dependency prevents them from maintaining gainful employment and would benefit from treatment.

ADATSA outpatient treatment was designed to provide sobriety maintenance skills, re-entry counseling, and vocational support services. An individual eligible for these services must have been assessed and referred by an ADATSA assessing entity. Each ADATSA outpatient treatment patient is eligible for a living stipend.

II. Management of Living Stipend Funds

- A. Stipend funds should be immediately available for patients.
- B. Funding is interchangeable except federal outpatient treatment funds can not be used for living stipends, but can be used for:
 - 1. Increased assessments.
 - 2. Enhanced employment overlay.
- C. Creates incentive for patient to find employment.
- D. Teaches patient how to budget.

III. County's Role/Duties

- A. Manage living stipend funds.
 - 1. The County is responsible for ensuring contracted funds are available for living stipends throughout the biennium.
 - 2. Provide subcontractors with living stipend funding.
 - 3. Funds for living stipends must be available to subcontractors for disbursement on first of each month.
 - 4. Reconcile stipend funding monthly on invoice from subcontractor.

5. Reimburse subcontractor on a monthly basis so stipend funding reserve account is replenished in an amount sufficient to cover two months worth of stipends.
 6. Obtain a list or ledger from subcontractor that states patient identification code and amount of stipend each patient received each month.
 7. Monitor subcontractor expenditures for living stipends to ensure that the stipends are spent on appropriate items and on behalf of the patients.
- B. Obtain reimbursement from DASA. Complete A-19 including amount stipend funds that were disbursed.

III. CSO's & Role/Duties

- A. Determines financial eligibility for the ADATSA Program.
- B. Issue medical cards.
- C. Issue food stamps, if eligible.
- D. NO involvement by CSO with stipend determination.

IV. Subcontractors' Role/Duties

- A. Have patient complete release of information to referring ADATSA assessment agency at time of admission into outpatient treatment.
- B. Evaluate each patient at intake to determine the initial level of treatment needed.
- C. Services shall be delivered in accordance with a treatment plan
- D. Report promptly to the referring assessment agency any known change of circumstance of income of the patient, or loss of contact with the patient.
- E. Provide employability assessment as well as job seeking motivation and vocational assistance services.
- F. Report each admission and each discharge to the referring ADATSA assessment agency in writing within five days of discharge or admission.
- G. The outpatient provider, as protective payee must give to the patient all material received from the Department of Social and Health Services (medical cards, food stamps, eligibility review, all correspondence

concerning continued eligibility), except that which relates directly to the protective payee's role.

- H. The outpatient provider as protective payee has the authority and responsibility to make decisions about the expenditure of stipend funds.
- I. As the protective payee responsible for distributing the living stipend:
 - 1. Establish separate checking account for living stipend funds.
 - 2. Establish fiscal protocols to manage and track living stipend funds.
 - 3. Assure that the stipend is spent on behalf of the patients.
 - 4. The use of stipend funds for the protective payee's personal or business use is a crime.
NOTE: Administrative costs incurred in the performance of protective payee duties (checking account fees, postage, etc.) is included in the treatment contract and is not to be taken from the patient's living stipend.
 - 5. A separate accounting record/ledger is required and must be maintained for each patient that records check number, who check was written to, for what purpose, and amount of check. (Sample #1)
 - 6. The provider must consider income when administering living stipends. If the patient becomes employed and earns \$1,000 gross per month or more, do not issue any living stipend until the CSO has determined the patient's financial eligibility

NOTE: The patient retains primary responsibility for reporting changes to the CSO that may affect eligibility.
 - 7. In the event the patient drops out of the program, unexpended funds for that month remain in the general stipend account of the protective payee to be reconciled with the County. Close out the ledger and indicate the date.
 - 8. Reconcile living stipend funds monthly (See attached sample invoice form and back-up information sheet – Sample #2 & #3).
- J. Guidelines regarding living stipend allocation.
 - 1. Living stipend funds are for the purpose of providing ADATSA outpatient treatment patients with basic needs for food, shelter, utilities, clothing, and personal care items.

2. Patients participating in ADATSA outpatient treatment may receive \$339.00 per month.
[NOTE: If a county chooses to limit ADATSA outpatient to a maximum of three months, the maximum dollar amount should not exceed \$1,017.00.]
 3. When a patient starts at a time other than the first of the month, the patient's account will be credited for \$339.00 with disbursement typically being pro-rated by days remaining in the month.
 4. Housing and utility payments should be disbursed in the form of a check to the landlord or utility company upon presentation of a bill or invoice. Remaining funds can be disbursed to the patient to be used for personal needs at the discretion of the P-P depending upon the degree of patient recovery. Patients may receive up to \$40.00 per month for personal incidentals.
 5. Remaining monthly funds, if any, may be disbursed to the patient to cover other basic needs once the patient has provided a receipt.
 6. If a patient goes to work during the course of ADATSA outpatient treatment, stipend funds may still be available to the patient to support his/her employment re-entry or education pursuits (i.e., work boots, uniforms, books, etc.).
 - a. The patient's income cannot exceed the financial eligibility payment standard in order to continue to receive stipend funds.
 - b. Stipend funds must be adjusted down in relationship to need and incentives. Income must be considered in determining the need of the patient and the amount of stipend authorized
 7. The patient must report any change in his/her income to the CSO of origin.
 8. If the patient's gross earned income exceeds \$1,000 per month, do not issue any living stipend funds until a determination of eligibility is made by the CSO.
- K. Determine amount of living stipend funds each patient receives. The counselor and the patient complete a Protective Payee Agreement (See the attached sample forms – Samples #4 & #5).

VI. Recommendations

- A. Assure more than one person is familiar with each aspect of living stipend management in the event of staff turnover.

- B. Designate a “trouble-shooter” at county to problem solve and to coordinate resolution of issues that will come up.

VII. Policies

Transfer Policy and Procedures (See attached).

VIII. Commonly Asked Questions

- A. Q: “Is the patient entitled to the full \$339.00 each month?”

A: No, ADATSA is not an entitlement program. Patients may receive up to \$339.00 per month for basic needs including food, shelter, utilities, clothing, and personal care items. If these costs are less than \$339.00, remaining funds can be used for other purchases that will support the patient’s recovery, re-employment, or education pursuits.

- B. Q: “What about patients who only participate in a partial month of treatment?”

A: The patient living stipend can be pro-rated according to date patient starts treatment. To determine the pro-rated amount, divide \$339.00 by number of days in the month and multiply by the number of days the patient will be in treatment.

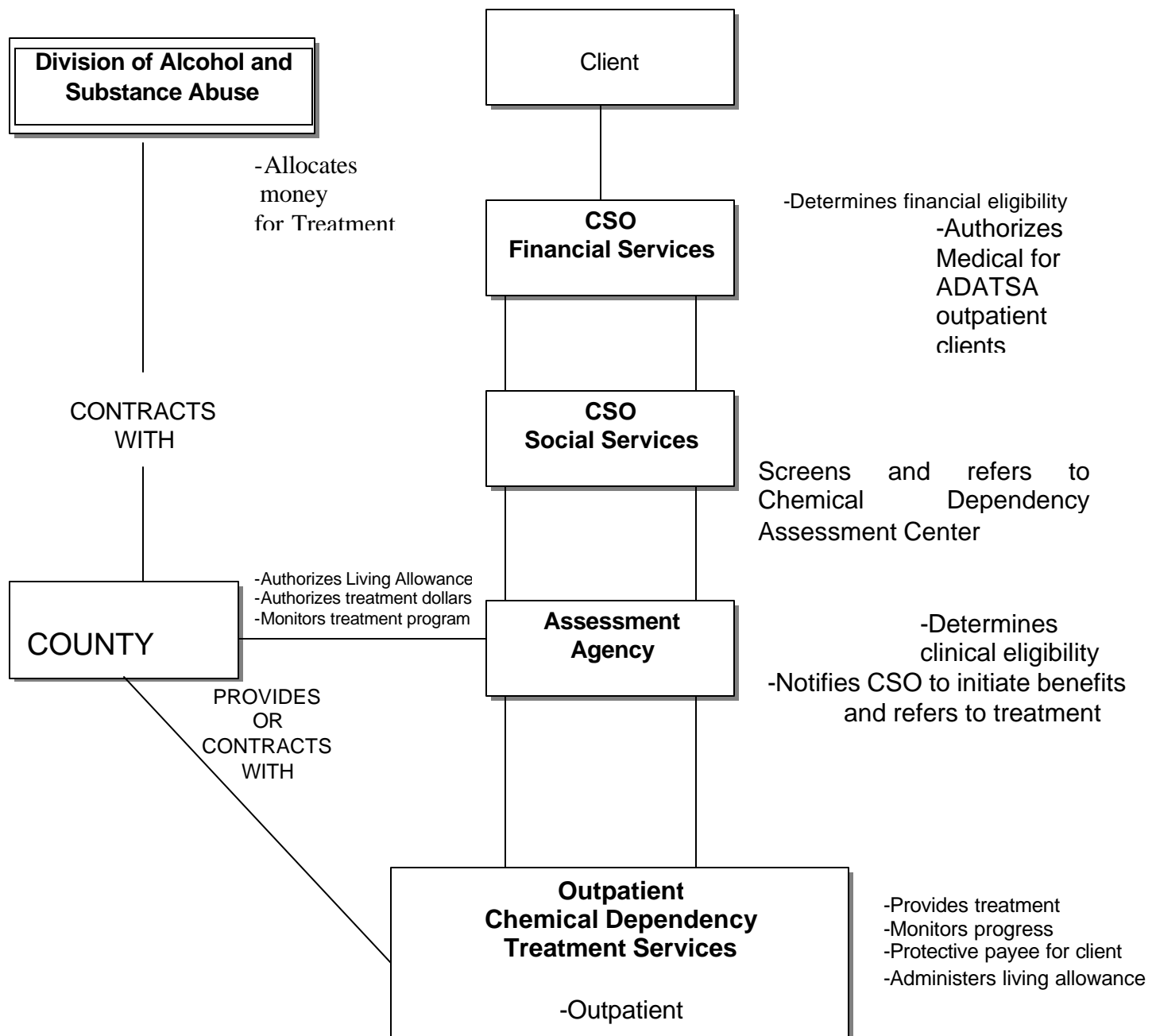
- C. Q: “What can living stipends be spent on?”

A: Living stipends must be used to provide patients with basic needs such as food, shelter, utilities, clothing, and personal care items. Other appropriate expenditures are those that will assist the patient in maintaining their sobriety and/or become employed (See “Guidelines for Stipend Expenditures” policy).

- C. Q: “How can counties give subcontractors funds to disburse on July 1st to ADATSA patients when counties won’t get their biennial working capital advances until after the first A-19 is submitted?”

A: The working capital advance is not reconciled with the state at the end of each biennium (at least not since the end of the ’85-’87 biennium). In essence, the working capital advance is “rolled over” into the following biennium, with periodic adjustments to account for increases in contract awards.

Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) Outpatient Services and Living Allowance



PATIENT ACCOUNT LEDGER

CLIENT NAME _____

DATE	DESCRIPTION OF TRANSACTION	CHECK NUMBER	EXPENSE	DEPOSIT	BALANCE

SAMPLE #1

NUMBER _____

INVOICE
_____ HUMAN SERVICES DEPT.
ALCOHOL AND OTHER DRUG PROGRAMS
ADATSA OUTPATIENT TREATMENT CONTRACTS

CONTRACTING AGENCY NAME & ADDRESS: _____

REPORTING PERIOD: _____ TO _____

CONTRACT NUMBER: _____

Contractor Certification: I hereby certify under penalty of perjury that the units of service and totals listed herein have been estimated/provided in accordance to contractual obligations to the _____ County Human Services Department and that all units of service were provided without discrimination on the grounds of race, creed, national origin, handicap, sex or age. In addition, I certify that complete client data is being entered into TARGET by the fifth working day of the month following the month in which services were received by the client.

AUTHORIZING
SIGNATURE: _____

DATE: _____

**** REIMBURSEMENT SUMMARY ****

APPROVED SERVICE TOTALS	APPROVED UNIT COST	TOTAL UNITS	REIMBURSEMENT CURRENT	TOTAL TO DATE
OUTPATIENT TREATMENT:				
PROTECTIVE PAYEE:	15.00			
PATIENT STIPEND:	N/A	N/A	**	
CURRENT PERIOD TOTAL:				

**** FUNDING DISTRIBUTION ****

FUNDING SOURCE	CURRENT PERIOD	TOTAL TO BUDGET	CURRENT BUDGET	BUDGET BALANCE
FEDERAL: ADATSA OPT.				
STATE: ADATSA				
CURRENT PERIOD TOTAL:		*		

*(CURRENT PERIOD TOTALS MATCH)

****PATIENT LIVING STIPEND RECONCILIATION****

BEGINNING STIPEND BALANCE:	_____
PLUS: MONTHLY STIPEND TOTAL:	_____
LESS: CURRENT MO. DISBURSEMENT:	_____ **
ENDING STIPEND BALANCE:	_____

REVIEWED FOR PAYMENT:
AUTHORIZED FUND:

SAMPLE #2

ADATSA BACK-UP INFORMATION

AGENCY _____

MONTH _____

	PIC Code	Start Date	Term Date	# of Hours	Amount Billed	Stipend Disbursed
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

ADATSA OUTPATIENT TREATMENT SERVICES

GUIDELINES FOR STIPEND EXPENDITURES

In making a determination if an expenditure of patient living stipends is appropriate, the general guideline is: appropriate expenditures are those that will assist the client in maintaining their sobriety and/or become employed. The ADATSA counselor is given discretion in making the final determination. The ADATSA counselor and the client jointly complete the Protective Payee Agreement and prepare a budget for each month.

The following are examples of expenditures that are either acceptable, unacceptable or expenditures that require specific review of the patient's circumstance before making a determination.

EXAMPLES OF ACCEPTABLE EXPENDITURES: rent, food, utilities, personal incidentals (up to \$40.00 per month), work boots/clothes, hair cuts, bus passes and dental work.

EXAMPLES OF UNACCEPTABLE EXPENDITURES: pagers, cell phones, HBO and premium channels, pet food, telephone service add-one (ex. call waiting), child support, gift purchases, gambling, court costs, fines, and electronic equipment (ex. VCR, stereo, TV).

EXAMPLES OF EXPENDITURES REQUIRING COUNSELOR JUDGMENT: (depending on individual client circumstance): car payments, long distance, loan payments, auto repairs, bicycle, tuition costs and savings account.

The examples are not intended to be all encompassing. The ADATSA counselor is encouraged to contact the county staff if an unusual request is made that is not clearly "acceptable" or "unacceptable".

PROTECTIVE PAYEE AGREEMENT

This agreement shall be completed and signed prior to any distribution of funds received by Name of Outpatient Provider for the benefit of DSHS referred patients.

State guidelines for persons receiving Outpatient ADATSA assistance stipulate that the designated funds be used to provide basic needs of food, shelter, utilities, clothing, and personal items.

Bill and/or receipts must be turned in on or before Tuesday at 5:00 p.m. (group time) to be reimbursed on Wednesday. Any bills and/or receipts turned in after group on Tuesday will not be reimbursed until the following week.

You must label bills and receipts with your first and last names.

It is hereby agreed that funds received for _____ will be dispersed as follows:

Monthly award: \$ _____

Payments will be made as follows:

	<u>Payable To</u>	<u>Amount</u>
Shelter	_____	_____
	(Address)	_____
Electric	_____	_____
Water	_____	_____
Telephone	_____	_____
Other (specify)	_____	_____
Other (specify)	_____	_____

Distribution of funds shall be contingent upon my successful compliance with your established treatment plan.

SAMPLE #4

PROTECTIVE PAYEE AGREEMENT FOR _____, 2003

Patient Name: _____

This agreement shall be completed and signed prior to distribution of living stipend funds received for the benefit of eligible patients participating in ADATSA Outpatient Treatment Services. Living stipends are for the purpose of providing ADATSA outpatient treatment patients with basic needs for food, shelter, utilities, clothing, and personal items. The protective payee has the authority and responsibility to make decisions about the expenditure of stipend funds.

Maximum amount of monthly living stipend patient is eligible for (pro-rated according to start date and up to \$339.00/month): \$ _____

Distribution of living stipend will be made as follows:

	<u>Payment To:</u>	<u>Amount</u>
Rent/Shelter:	_____ _____ (Address)	\$ _____ per month
Utilities:	_____	\$ _____ per month
Other (specify)	_____	\$ _____ per month
	_____	\$ _____ per month
CPI	_____	\$ _____ \$40 max/month
	TOTAL	\$ _____

Distribution of funds shall be contingent upon the patient's ongoing compliance with the following program requirements e.g:

1. Regular attendance at all scheduled group and individual treatment sessions.
2. Attend self-help recovery support groups as outlined in treatment plan.
3. Continued compliance with treatment plan.

Patient Signature _____ Date _____

Counselor Signature _____ Date _____

SAMPLE #5

ADATSA OUTPATIENT TREATMENT SERVICES TRANSFER POLICY AND PROCEDURES

POLICY - Patients participating in ADATSA Outpatient Treatment Services will be able to transfer between counties and ADATSA outpatient treatment providers with the same flexibility that they have experienced in the past. As is regular practice, patients with a particular preference or need will be encouraged to carefully select an ADATSA outpatient treatment provider initially who can meet the patient's specific requirements.

If a patient's circumstances change during the course of ADATSA outpatient treatment, the patient should be directed to the referring ADATSA Assessment Center for assistance in transferring. Patients desiring to transfer may select another ADATSA outpatient treatment provider within the same county if there is more than one ADATSA outpatient treatment provider in that county or the patient could relocate to another county. In no circumstance is a transfer ADATSA patient eligible for more than \$339 living stipend per month regardless of the number of ADATSA outpatient treatment providers a patient receives services from during any particular month.

PROCEDURES TO TRANSFER A PATIENT TO ANOTHER OTPT. PROVIDER

1. It is the patient's responsibility to inform their current ADATSA outpatient counselor of their desire to transfer to another outpatient provider.
2. Upon learning that a patient wants to transfer, the ADATSA outpatient counselor will instruct the patient to contact the referring ADATSA Assessment Center.
3. If the request seems reasonable and appropriate, the referring ADATSA Assessment Center will notify the CSO of the patient's desire to transfer.
4. Upon confirmation from the referring ADATSA Assessment Center that a transfer is feasible, the ADATSA outpatient counselor will obtain a release of information from the patient allowing transfer of patient file information, including copy of patient's fiscal records, to the ADATSA outpatient treatment provider the patient is transferring to. Documents will be mailed directly to the ADATSA outpatient treatment provider.

PROCEDURES TO ADMIT A PATIENT WHO TRANSFERRED FROM ANOTHER OTPT. PROVIDER –

1. Upon receipt of proof of eligibility from the referring ADATSA Assessment Center, the ADATSA outpatient treatment provider shall admit the patient into their ADATSA outpatient treatment program.
2. If the ADATSA outpatient treatment provider has not received patient file information, including amount of stipend funds that has been given to the patient, from the original ADATSA outpatient treatment provider, necessary release of information forms shall be completed with the patient and forwarded to the original outpatient provider.